

PAST OR PRESENT PERFORMANCE SURVEY

Your Company Name: _____

Street Address: _____

City, State, and Zip code: _____

1. GENERAL BUSINESS INFORMATION

Date Firm Organized/Established: _____

Company President: _____ Vice President: _____

Dun & Bradstreet Number: _____

Is company a: Partnership ☐ Separate Entity ☐ Division ☐ N/A ☐

2. CONTRACTS/SUBCONTRACTS COMPLETED OR IN PROGRESS

Complete and submit the information requested on pages 2-4 below on prime contracts or subcontracts completed or in progress. Government contracts are preferred; but, if you have not performed Government contracts, indicate any other contracts completed or in progress.

a. First Contract:

Contracting Agency or Company:_____

Point of Contact:_____ Telephone Number:_____

Contract Number:_____ Contract/Subcontract Amount:\$_____

Project Title and Location:_____

General Scope of Project:_____

Your Role (Prime[], Joint Venture[], or Subcontractor[]) and the work your firm performed:

Describe any work you subcontracted to others:_____

Total Amount of Subcontract(s):\$_____

Period of Performance:_____ days

Scheduled Completion Date:_____ Actual Completion Date:_____

Percentage of Work Completed:_____ % Were you terminated?:_____

Did you use a Quality Control Plan?:_____ Did you use a Safety Plan?:_____

Quality Control or Safety Problems encountered (if any):_____

How was the problem resolved?:_____

b. Second Contract:

Contracting Agency or Company:_____

Point of Contact:_____ Telephone Number:_____

Contract Number:_____ Contract/Subcontract Amount:\$_____

Project Title and Location:_____

General Scope of Project:_____

Your Role (Prime[], Joint Venture[], or Subcontractor[]) and the work your firm performed:

Describe any work you subcontracted to others:_____

Total Amount of Subcontract(s):\$_____

Period of Performance:_____ days

Scheduled Completion Date:_____ Actual Completion Date:_____

Percentage of Work Completed:_____ % Were you terminated?:_____

Did you use a Quality Control Plan?:_____ Did you use a Safety Plan?:_____

Quality Control or Safety Problems encountered (if any):_____

How was the problem resolved?:_____

c. Third Contract:

Contracting Agency or Company:_____

Point of Contact:_____ Telephone Number:_____

Contract Number:_____ Contract/Subcontract Amount:\$_____

Project Title and Location:_____

General Scope of Project:_____

Your Role (Prime[], Joint Venture[], or Subcontractor[]) and the work your firm performed:

Describe any work you subcontracted to others:_____

Total Amount of Subcontract(s):\$_____

Period of Performance:_____ days

Scheduled Completion Date:_____ Actual Completion Date:_____

Percentage of Work Completed:_____ % Were you terminated?:_____

Did you use a Quality Control Plan?:_____ Did you use a Safety Plan?:_____

Quality Control or Safety Problems encountered (if any):_____

How was the problem resolved?:_____
